

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

04/109082

FILING DATE

1-2-98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1				
5		1				
6	1					
7	1					
8	1					
9	1					
10		7				
11	1					
12		7				
13		1				
14	1					
15	1					
16	1					
17		8				
18	1					
19		1				
20	1					
21		2				
22		7				
23		7				
24		8				
25		8				
26		8				
27		8				
28		8				
29		8				
30		2				
31		2				
32		2				
33	1					
34		1				
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	21					
TOTAL DEP.		90				
TOTAL CLAIMS	121					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53						
54						
55						
56						
57						
58						
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60						
61						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		2				
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS